

country, and we are all focused on that. We have a tremendous amount to do together to tackle the debt, to make sure we are supporting efforts for good-paying jobs to be created. But this health reform is a critical part of that because it does, in fact, affect costs in this country. It saves lives. We should care about that.

In this amendment, we add additional funds for prenatal care and to support families who want to adopt children with a refundable tax credit. We put in place other items to support women who are pregnant to make sure they have the health care they need so they and their babies can be healthy moving forward.

This saves lives, saves money, saves Medicare. It is the right thing to do, and it is time to get it done. Now is the time to get this done.

The PRESIDING OFFICER. The Senator's time has expired.

The Senator from Oklahoma.

Mr. COBURN. Mr. President, I am going to spend a few minutes talking this afternoon. I apologize in advance because the staff is going to stay here, but this is an issue so big, this country has never faced it before. So the inconvenience for us to be here in the Senate Chamber is going to be very well worth it to the American people.

We just heard the assistant majority leader and the Senator from Michigan explain how great what is getting ready to happen is, and I want to tell you, there is a different perspective coming from a country doctor from Oklahoma who has practiced under Medicare and Medicaid for a number of years.

What we heard was, and it is important to the American people listening to this—I am going to go through what the Federal Government has been doing for the last 3 or 4 years, if you want to stay tuned for a civics lesson about the tremendous amount of incompetency and waste in this Federal Government.

We just heard the assistant majority leader talking about amendments. What he did not tell the American people is that the majority required unanimous consent for us to get an amendment and they limited us to 10 amendments over the last 2 weeks. They strung it out so we could not get our amendments up.

The other point I wish to make is that we now have a new amendment—the one offered by the majority leader—to this bill, which we have no opportunity to amend. It is one-sixth of the bill, but there is no opportunity to amend it. So now we have a \$2.5 trillion bill that has had 10 substantive amendments offered to it. The American people should not trust that process.

We heard the Senator from Michigan just say it saves lives. I want to tell you, as a practicing physician, this bill is not going to save lives. It is going to cost lives because we are going to allow the Federal Government to determine what treatment you can get, when you

can get that treatment, and who is going to give it to you. That is the ultimate result of this bill. Over the next few days, we will be explaining and showing why that is the case.

The Washington-speak of “it saves Medicare,” a program that is bankrupt now, that has an infinite \$85 trillion unfunded liability—we are going to cut \$1 trillion out of it over the next full first 10 years of this program. And the American people are supposed to expect this is going to save Medicare? It is not going to come anywhere close. And save money? The assistant majority leader quoted the CBO. Let me read to you what he did not quote:

It is unlikely that key cost containment provisions that are in this bill will remain intact.

That is what CBO said today. You did not hear that statement from the assistant majority leader.

Here is the other thing:

It reduces payments to physicians by 21 percent starting in 2011.

Do you really think we are going to reduce payments to physicians 21 percent in Medicare in 2011? One of the first bills we will see on this floor come January will be \$250 billion that will be stolen from our kids to adjust the sustainable growth rate formula for Medicare. It will not be paid for, and that is one of the reasons this thing looks for—that is why the CBO said: Wait a minute, before you claim this thing is so good, recognize that you are not accounting for \$250 billion you are going to call an emergency and not pay for it.

Here is the third thing he did not mention:

An unaccountable, unelected board of bureaucrats must make arbitrary budget cuts to ensure the cost containments in this bill.

We are saying we are going to have cost containment, but we are going to pin that on three different programs, boards, and panels in this bill that are not going to cause you to save lives. It certainly might save us money, but it certainly is not going to increase the quality of care and it certainly is not going to save Medicare.

Here is the other thing he did not mention:

CBO cannot predict that the quality of care will not decline.

That is what they are saying.

It is unclear whether such a reduction in growth rate can be achieved and, if so, whether it would be accomplished through greater efficiencies in the delivery of health care or would reduce access to care or diminish the quality of care.

That is from the CBO.

Here is the other thing the assistant majority leader did not mention:

The long-term budgetary impact could be quite different if key provisions of the legislation were ultimately changed or not fully implemented.

The U.S. Preventive Services Task Force recommended a change in breast cancer screening. They did it based on cost. We reversed it. I will bet a dollar against a nickel that the next three or

four they recommend, we will not do, either, which are counted on in CBO's score for us to do. So the numbers on this do not make any sense.

CBO says this will reduce the deficit, but people who understand the CBO from the inside out admit even their best estimates are professional guesses with lots of uncertainty.

I ask unanimous consent to have printed in the RECORD the comments of Donald Marron, Alice Rivlin, and Phil Ellis.

There being no objection, the material was ordered to be printed in the RECORD, as follows:

WILL THE REID HEALTH BILL REALLY
REDUCE THE DEFICIT?

(Claim: CBO says this bill will reduce the deficit)

PEOPLE WHO UNDERSTAND CBO FROM THE INSIDE OUT ADMIT THAT EVEN THEIR BEST ESTIMATES ARE PROFESSIONAL GUESSES WITH LOTS OF UNCERTAINTY

Donald Marron, former Acting Director of CBO, said that “the Congressional budget process demands specific estimates of how much proposed legislation will cost, so that's what CBO produces. But reality is much more complex, and the actual costs will undoubtedly be more or less. That uncertainty can be frustrating, but it's unavoidable.”

Alice Rivlin, CBO's founding director in 1975, said that “Everyone in the process—especially the CBO—knows that it is very, very difficult to make these estimates and that they're no more than very educated guesses . . .”

Phi Ellis, head of CBO's health insurance modeling unit, admitted this in an October Washington Post article, saying: “We're always putting out these estimates: This is going to cost \$1.042 trillion exactly. But you sort of want to add, you know, ‘Your mileage may vary.’”

The Washington Post ran a front page story in October with the headline: “In health debate, those numbers are just numbers,” saying that “the CBO's price tags are educated guesses, but guesses nonetheless.”

EXAMINE WASHINGTON'S RECORD OF
ESTIMATING THE COST OF HEALTH PROGRAMS

Washington has just run a \$1.4 trillion budget deficit for fiscal 2009, even as we are told a massive, new health-care government program will reduce deficits by raising and spending about a trillion dollars over 10 years.

To believe that fantastic claim, you have to ignore everything we know about Washington and the history of government health-care programs.

Some argue that more federal control or “competition” will restrain costs and make health care more affordable. The problem with this argument is that it ignores history.

LOOK AT THE RECORD OF CONGRESSIONAL
FORECASTERS IN PREDICTING COSTS

Start with Medicaid, the joint state-federal program for the poor. The House Ways and Means Committee estimated that its first-year costs would be \$238 million. Instead it hit more than \$1 billion, and costs have kept climbing.

Medicaid now costs 37 times more than it did when it was launched—after adjusting for inflation.

Its current cost is over \$250 billion, up 25% or \$50 billion in fiscal 2009 alone, and that's before the health-care bill covers millions of new beneficiaries.